Q/ Answer with the most appropriate choice: (100 Marks) Exam Date: 02-7-2022

1. **Tertiary prevention measures include ----------**
   a) replacement of missing teeth with bridges
   b) replacement of missing teeth with implants
   c) replacement of missing teeth with dentures
   d) all of the mentioned
   e) none of the mentioned
2. **Primary Prevention accomplished on----------**
   a) pre-pathogenesis stage
   b) initial stage of pathogenesis
   c) late stage of pathogenesis
   d) all of the mentioned
   e) none of the mentioned
3. **Secondary prevention----------**
   a) prevent the onset of the diseases
   b) altering behaviors that can lead to disease
   c) prevent the progression of the diseases
   d) all of the mentioned
   e) none of the mentioned
4. **----------caries is a lesion developing at a tooth surface adjacent to a filling**
   a) primary caries
   b) active caries
   c) recurrent or secondary caries
   d) rampant caries
   e) nursing caries
5. **It is characteristic of the incipient caries :**
   a) Irreparable process
   b) It is accompanied by a cavity formation
   c) It is a reversible process
   d) It causes disease of the dentine too
   e) It causes a whitish discoloration on the dentine
6. **The principal causative microorganism of the smooth surface caries is the:**
   a) Streptococcus mutans
   b) Streptococcus sanguis
   c) Candida albicans
   d) Streptococcus mitis
   e) Lactobacillus acidophilus

7. **Regarding the occurrence of fluoride in environment,**
   a) Sardines and salmon are rich in fluorine
   b) The fluorides in the soil are absorbed by plants to a degree determined mostly by the type of plant absorb
   c) The concentration of fluorides is negligible in rainwater and high in some lakes and wells
   d) All of the above
   e) None of the above
8. **In fluoride metabolism,**
   a) Most of the ingested fluoride is absorbed
   b) The rate of absorption decrease with starvation
   c) degree of ionization of the compounds has no influence on absorption
   d) both a and c
   e) all of the above

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9. **Fluorides are excreted**
   a. Mainly via the gut.
   b. through the kidney, the gut and the skin
   c. Sweat and insensible perspiration may account for an appreciable loss of fluorine from the body
   d. None of the above
   e. Both b and c

10. **The severity of dental fluorosis depends on:**
   a. Concentration of fluoride present in foods and drinking waters.
   b. Concentration of fluoride present in bone.
   c. Excretion through the kidneys.
   d. Excretion through sweat.
   e. None of the above.

11. **When enamel discoloration is only (slight aberration from the translucency of normal enamel, ranging from a few white flecks to occasional white spot, In Dean index this criteria is given score:**
   a. Very mild (1).
   b. Moderate (3).
   c. Mild (2).
   d. Questionable (0.5).
   e. Severe (4).

12. **Main signs and symptoms of acute fluoride poisoning are:**
   a. Dental fluorosis.
   b. Skeletal fluorosis.
   c. Dental fluorosis accompanied by abdominal pain diarrhea, vomiting, painful spasms of the limbs.
   d. Abdominal pain diarrhea, vomiting, painful spasms of the limbs.
   e. Skeletal fluorosis accompanied by abdominal pain, diarrhea, vomiting, painful spasms of the limbs.

13. **Fluoride was firstly added to water supply in:**
   a. 1944
   b. 1942
   c. 1943
   d. 1945
   e. 1941

14. **Professional Sodium fluoridated agents was introduced by:**
   a. Muhler
   b. Bibby
   c. Brudevld
   d. Knutson
   e. None the above

15. **The recommended fluoride for a 12-year-old child with blood disorder is: -**
   a. Fluoride dentifrice and professional applied fluoride
   b. Fluoride tablet (1ppm), fluoride dentifrice, and professional applied fluoride.
   c. Fluoride dentifrices, fluoride mouth wash and professional applied.
   d. Fluoride tablet (1ppm), and professional applied fluoride.
   e. Fluoridate home used gel, fluoridated dentifrice, and fluoride mouth wash.

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16. **Fluoride supplement indicated to children**
   a. Children with moderate risk to dental caries
   b. Children with acute systemic disease
   c. Handicapped children.
   d. A and B
   e. B and C

17. **Disadvantages of Fluoridated milk**
   a. Consumption of milk varies between different socioeconomic groups
   b. Consumption increase with age
   c. Require low level of technical expertise.
   d. All of them
   e. None of the above

18. **The systemic fluoride therapy prescribed for a 4- year – old child with blood disease is:**
   a. Communal water fluoridation
   b. School water fluoridation.
   c. Fluoride drops 1 mg F/ day.
   d. Fluoride drops 0.25 mg/ day.
   e. Not to be give any fluoride.

19. **Fluoride supplements are:**
   a. Indicated for all children in fluoridated and non -fluoridated area.
   b. Indicated for all children in non -fluoridated area.
   c. Indicated for children at risk to dental caries, in non -fluoridated area.
   d. Indicated for children above 10 years in non- fluoridated area.
   e. Indicated for children at risk to dental caries, in fluoridated and non - fluoridated area.

20. **Efficacy of topical fluoride depends on:**
   a. Type of agent or compounds.
   b. Concentration of fluoride in the agents.
   c. Duration of agent applications.
   d. Frequency of agent applications.
   e. All of the mentioned statements.

21. **Application of topical fluoride agent to outer enamel surface is:**
   a. Best to be applied at the post - eruptive maturation period.
   b. Best to be applied after three years following eruption.
   c. Can be applied at any time following eruption with the same benefits.
   d. All of the mentioned statements.
   e. None of the mentioned statements.

22. **The self- applied fluoride topical fluoride includes:**
   a. Dentifrices, mouth wash and supplement.
   b. Dentifrices, mouth wash and gel.
   c. Dentifrices only.
   d. Mouth wash and supplements.
   e. None of the mentioned statements.

23. **The frequency of Acidulated Phosphate Fluoride APF application is ---**
   a. Once a year .
   b. Twice a year.
   c. Once weekly.
   d. Once monthly.
   e. Every three month

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24. NaF concentration in fluoride Varnishes is----------

a. 12,300 ppm fluoride.
b. 22,600 ppm fluoride.
c. 19,500 ppm fluoride.
d. 9,200 ppm fluoride.
e. 22,300 ppm fluoride.

25. The priority of fluoride varnish use as professional fluoride application related to-----

a. Using of very thin layer of product reducing the risk of toxicity
b. Increase the fluoride concentration in saliva remain 2 hours after application.
c. No staining of teeth.
d. Both Using of very thin layer of product reducing the risk of toxicity and Increase the fluoride concentration in saliva remain 2 hours after application .
e. Both Increase the fluoride concentration in saliva remain 2 hours after application and No staining of teeth

26. 13 years old child with white spot lesion, wearing orthodontic appliance indicated to use-----

a. Professionally applied fluorides.
b. Professionally and self - applied fluorides.
c. Fluoride Supplements.
d. Fluoride Supplements and Professionally applied fluorides.
e. Communal water fluoridation.

27. Dental fluorosis is:

a. A type of chronic toxicity.
b. A type of acute toxicity.
c. An extrinsic stain.
d. A systemic disease
e. dental erosion

28. The certainly lethal dose of fluoride for children is

a. 0.5-1.0 gm.
b. 5-10 gm.
c. 0.2-1.1gm.
d. 15 - 20 gm.
e. 10-15gm.

29. A child accidently swallows 10 cc of 10% fluoride solution. Immediate treatment is:

a. Give child copious amount of water
b. Give child copious amount of milk
c. Gastric lavage
d. Admit ion to hospital
e. increase the alkalinity of urine

30. Specific type of bacteria to develop dental caries of smooth tooth surfaces is:

a. S. mutans, S. salivaris, Actinomyces
b. Actinomyces spp., Gram negative bacteria., Fewer streptococci
c. S. mutans, S. sanguinis, lactobacilli, Actinomyces spp
d. Actinomyces spp., Gram negative bacteria., Fewer streptococci
e. Actinomyces spp., Anaerobic bacteria.

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31. **The development of dental biofilms can be divided into several stages:**
   a. Pellicle formation
   b. Attachment of single bacterial cells
   c. Microbial succession (and co-adhesion)
   d. Climax community/mature biofilm
   e. All of the above.

32. **The major constituents of the pellicle are:**
   a. Salivary phosphoproteins.
   b. Salivary glycoproteins.
   c. Salivary statherine.
   d. a and b.
   e. All of the above.

33. **Changes in the micro flora can, occur as a direct or an indirect effect of aging direct effects, such as :**
   a. Waning of cell- mediated immunity, lead to increases of non-oral bacteria.
   b. Increased wearing of dentures among the elderly, promotes colonization by yeasts.
   c. Changes in weight.
   d. a and b .
   e. None of the above.

34. **the specific type of bacteria develop dental caries on the cervical surfaces of the tooth include:**
   a. Actinomyces spp.
   b. S. salivaris.
   c. Anaerobic bacteria.
   d. a and c
   e. All of the above.

35. **Under carbohydrate-restricted conditions, bacteria metabolize intracellular polysaccharides which are:**
   a. Glycogen-like storage compounds.
   b. Used for energy production.
   c. Prolonged periods over which biofilm can generate acids.
   d. All the above.
   e. None of the above.

36. **Sucrose-dependent attachment mechanism means:**
   a. Bacteria metabolize sucrose to produce sticky extracellular polysaccharide (glucan) that allows attachment and accumulation of bacteria.
   b. Bacteria attachment to the acquired pellicle through extracellular proteins (adhesions).
   c. Both a and b.
   d. Bacteria attachment via Van Wals forces.
   e. All above.

37. **Tooth demineralization caused by Mutans Streptococci is mainly caused by:**
   a. Butyric acid.
   b. Propionic acid.
   c. Lactic acids.
   d. None of the above.
   e. All above.

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38. **Initial enamel lesion large numbers of ..... are involved, while in deep dentinal lesion the predominant bacteria is .....**
   a. Mutans streptococci, Lactobacilli.
   b. Veillonella, Actinomyces.
   c. Lactobacilli, Mutans streptococci.
   d. None of the above.
   e. All above

39. **Common cause of failure of dental sealant is:**
   a. Failure to apply fluoride post retention
   b. Prolonging etching time for 5 seconds
   c. Contamination of fissure by saliva
   d. Washing away acid after etching.
   e. all of them

40. **If fissure sealant is not placed following the acid etching of enamel surfaces:**
   a. The enamel returns to normal in 48 hours
   b. The surface will get decalcified
   c. Bacteria will penetrate the enamel
   d. The etched surfaces may irritate soft tissues
   e. enamel surface remain porous for long time

41. **Teeth in caries-free patient and caries-free occlusal surfaces, , do not need application of sealant after:**
   a. which have been fully erupted for more than 1 years
   b. which have been fully erupted for more than 2 years
   c. which have been fully erupted for more than 3 years
   d. newly erupted teeth
   e. no relation between eruption of teeth and sealant application.

42. **The requirements of an ideal sealants material include:**
   a. high viscosity.
   b. low solubility .
   c. esthetically acceptable.
   d. a and b
   e. b and c

43. **Lactose is formed when :**
   a. a molecule of glucose combine in a molecules of galactose
   b. one molecules of glucose combine with one molecules of fructose.
   c. two molecules of glucose combine
   d. made up of many sugar molecules
   e. none of the above

44. **This study investigated the effect of consuming sugary foods of varying stickiness and at different time throughout the day on the development of caries by measuring caries increment in subjects:**
   a. Observational studies
   b. Interventional studies
   c. The Hopewood House
   d. The Vipeholm study
   e. None of the above

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45. **The rapid fall in pH was then followed by slow recovery over the next:**
   a. 30- 60minutes
   b. 30- 50minutes
   c. 30- 40minutes
   d. 40- 60minutes
   e. none of the above

46. **Practical way to speed up carbohydrate clearance are:**
   a. Tooth brushing immediately after meal.
   b. Induction of rapid salivary flow by mechanical or gustatory stimuli
   c. By chewing sugar free chewing gum.
   d. By eating peanuts immediately after eating sugar
   e. All of the above

47. **Minimally invasive dentistry is --------**
   a. micro dentistry
   b. switch from dental operation to biological method
   c. focuses on the knowledge of how caries develop
   d. all of the mentioned
   e. None of the above.

48. **Chemo mechanical caries removal**
   a. machinery preparation tool is used to remove the softened carious tissue
   b. indicated for pediatric patients
   c. contraindicated for needle-phobic patients
   d. contraindicated for root caries
   e. All of the mention.

49. **Preventive Resin Restoration**
   a. technique involve removal the infected enamel and extend to involve all caries-free fissure
   b. is a preventive measures combined between fissure sealing and fissure caries filling
   c. is a sealing over incipient caries
   d. all of the mentioned
   e. none of the mentioned.

50. **Fresh fruit ---------- fresh fruit juices**
   a. more cariogenic than
   b. stimulating salivary flow more than
   c. contain more non-milk extrinsic sugars
   d. all of the mentioned
   e. none of the mentioned

51. **The protective behavior for dental after sugary snack is----------**
   a. consuming cheese
   b. chewing non- sugared chewing gum
   c. chewing gum with xylitol
   d. all of the mentioned.
   e. None of the mentioned.

52. **Ranking these item according to their sweeting power from higher to lower**
   a. fructose lactose sucrose
   b. sucrose lactose fructose
   c. fructose sucrose lactose
   d. lactose fructose sucrose
   e. sucrose fructose lactose

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53. **Intense (non-caloric) sweetener include ----------**
   a. mannitol
   b. saccharine
   c. xylitol
   d. sorbitol
   e. all of the mentioned

54. **Evaluation of cariogenic potential from dietary record includes estimation ------**
   a. the number of intakes containing fermentable carbohydrate
   b. snacks during the night
   c. none of the mentioned
   d. retentiveness of the cariogenic products
   e. all of the mentioned

55. **If a child (boy)aged 5 years weighted 10 kg and his length equal to 100 cm his BMI is----------**
   a. 100
   b. 10
   c. 1.0
   d. 0.1
   e. 0.01

56. **To modify a patients diet the clinician can encourage the patient's own motivation. The basic factors that motivate people include-------**
   a. self-preservation
   b. recognition
   c. religion
   d. money
   e. all of the mentioned

57. **Impair enamel and dentin formation, impair immune function, reduces synthesis of salivary bacteria agglutinating glycoprotein (BAGP) as a result of:**
   a. Vitamin D deficiency
   b. Vitamin A deficiency
   c. chronic malnutrition
   d. iron deficiency
   e. none of the above

58. **Caries susceptibility is increased among children with chronic malnutrition as a result of:**
   a. deficiency of iron during pre-eruptive period
   b. systemic effect of protein malnutrition during pre-eruptive period
   c. calcium and phosphorus deficiency
   d. vitamin D deficiency
   e. none of the above

59. **vitamin D is essential for :**
   a. calcification and growth of the jaw
   b. regulates the level of calcium in serum
   c. involved with calcium metabolism and its intestinal absorption
   d. has a role in tooth formation
   e. all of the above

60. **Nutritional factors may have an effect on the following:**
   a. morphology of the teeth
   b. the quality of dental hard tissues
   c. the quality of saliva
   d. all of the above
   e. none of the above

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61. Focused on inhibition of tumor promotion and progression:

a. Primary prevention
b. Secondary prevention
c. Free radicals
d. Antimicrobial action
e. None of the above

62. used as food additives to preserve the color of meat, inhibit oxidation, and discourage the growth of microorganism in meat :

a. selenium
b. vitamin E
c. zinc
d. nitrites
e. none of the above

63. The mechanisms by which nutrition may affect periodontal disease include:

a. Antimicrobial action
b. Anti- inflammatory effect
c. Immune system modification
d. Antioxidant effect
e. all of the above

64. Saliva is anticaries because of :

a. Buffer in saliva
b. Urea in saliva
c. Phosphate in saliva
d. pH in saliva
e. none of the above

65. Anti-caries effect of saliva

a. The static effects are those that are mobilized over the time-course of the Stephan curve.
b. Dynamic effects are those which may be assumed to be exerted continuously, throughout the day and include effects on bacterial composition of plaque through antibacterial or metabolic factors.
c. The dynamic effects are related to the level of salivary stimulation.
d. The static effects include the clearance of the carbohydrate challenge and of the acid products of plaque metabolism, and the alkalinity and buffering power to restore plaque pH towards neutrality.
e. All of above

66. Hyposalivation:

a. Is the same thing as xerostomia.
b. Describing a condition where the flow rates of saliva are normally low.
c. The cut-off value for unstimulated whole saliva flow rate is 0.1 ml/min.
d. Is a common condition in population. It's reported that 25 % of general population complain of hyposalivation or symptoms associated with it.
e. The cut-off value for unstimulated whole saliva flow rate is 0.3 ml/min.

67. Which of the following properties of saliva is incorrect with regard to its caries suppressive activity?

a. High buffering activity.
b. Constant flushing action.
c. Low levels of calcium and phosphate.
d. A vehicle for fluoride.
e. None of above

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68. Immunoglobulins found in dental plaque:

a. IgG and IgM
b. IgG and IgA
c. IgG only
d. IgG, IgA and IgM
e. IgA and IgM

69. Effects of IgA and IgG response in relations to protection of tooth surfaces.

a. Enhancement of bacterial adherence.
b. Promotion of bacterial enzymes.
c. Decompression of bacterial adhesins.
d. Bacterial agglutination
e. All of above.

70. The antibacterial substances present in saliva are:

a. Amylase, Peroxidase system and IgA
b. Amylase, Peroxidase system and IgG
c. Lysozyme, Peroxidase system and IgG
d. Lysozyme, Peroxidase system and IgA
e. Lysozyme, Amylase, IgG

71. Both mechanical and chemical measures for plaque control can be achieved by using of....

a. Powered toothbrush.
b. Wooden tips.
c. Miswak.
d. All of the mentioned
e. None of the mentioned

72. The type of tooth brush:

a. is not a matter of individual preference.
b. selection depends on the frequency of uses.
c. Both of the above
d. should be soft texture bristles.
e. None of the mentioned

73. Dental floss:

a. should be used daily.
b. is used to remove plaque from interproximal surfaces in which the embrasure is completely occupied by healthy interdental papilla.
c. is used to remove plaque from interproximal surfaces in which the embrasure is partially occupied by healthy interdental papilla.
d. increases gingival bleeding.
e. None of the mentioned .

74. .... is recommended for children and adults with limited dexterity.

a. Fones method of teeth brushing
b. Vertical method of teeth brushing
c. Charters method of teeth brushing
d. Bass method of teeth brushing
e. None of the mentioned .

75. Chlorhexidine is .....

a. Bactericidal agent.
b. An ionic compound
c. Used 4 time daily.
d. Unpleasant taste.
e. Used with tooth paste.

76. ..... is abrasive agent in dentifrice.
a. Fluoride.
b. Zinc chloride.
c. Calcium carbonate.
d. Sodium lauryl sulfate.
e. Mannitol.

77. Mannitol and glycerin .....
a. Act as humectants and sweeteners.
b. Prevent hardness of the tooth paste.
c. Prevent bacterial growth.
d. Add sweet taste.
e. All of the above.

78. Tactile examination of dental caries .....
a. Is the best method for caries detection in proximal area?
b. Was done by using sharp probe.
c. Should be performed in dry field.
d. All of the above.
e. B and C.

79. ..... : it is a method of caries detection that depend on physical factors of the tissue, like fluid content, temperature, surface area, and thickness of the tissues.
a. Fiber optic trans-illumination.
b. Electrical current measurement.
c. Fluorescent technique.
d. Ultrasound technique.
e. None of the above.

80. .....was used to detect occlusal and proximal caries, using fluorescence phenomenon without producing image.
a. DIAGNODent.
b. Electrical current measurement.
c. Ultrasound technique.
d. Fiber optic trans-illumination.
e. None of the above.

81. Regarding caries risk in children which of following statement is incorrect:
a. Children in the age group 12-30 months have a special caries pattern that is similar to that of older children.
b. The mandibular primary incisors are most vulnerable.
c. The most consistent predictor of caries risk in children is past caries experience.
d. The past caries experience of family is not predicator of caries risk in children.
e. All of above.

82. The best indicators for increased risk of dental caries:
a. Adequate exposure to fluoride.
b. Frequent (<three times daily) snacking between meals.
c. Shallow pits and fissures.
d. Adequate salivary flow.
e. Any physical or mental illness and any oral application or restoration that compromises the maintenance of optimal oral health.

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83. Risk factor is:

a. It an environmental, behavioral, or biologic factor usually confirmed by temporal sequence in longitudinal studies, which if present, directly increases the probability of a disease occurring, and if absent or removed reduces the probability.

b. Risk factors are part of the causal chain, or expose the host to the causal chain.

c. Important biological and environmental risk factors include salivary flow, level of oral hygiene, some dietary aspects and fluoride exposure, all of which are the determinants of the disease.

d. Identifying of biological and environmental risk factors is a good practice to list the factors thought to be responsible for the individual's caries risk status.

e. All of above.

84. The risk factors for dental caries among disabled individuals include:

a. Liquid oral medicines.

b. Poor oral clearance/stagnation.

c. Infrequent attendance.

d. Attitude of caregivers.

e. All of above

85. For medical compromised patients:

a. (0.12%) of CHX spray delivered by caregivers resulted in significant improvement in plaque scores.

b. The gingival status in disabled individuals is going to be affected by the poor levels of oral hygiene and to some extent an alteration in the immune system.

c. People with Down syndrome have as high a level of periodontal disease as the rest of the population.

d. Sealant application may be easier in medically compromised patients when seated in a reclining position.

e. All of above.

86. Dental care for Institutionalized disabled individuals

The most common role for the dental provider in an institutional setting is

a. Consultant.

b. Trainer

c. Educator

d. Observer

e. All of above.

87. In elderly patient, the teeth seem to be with .....

a. Thick enamel and thin dentin.

b. Thick enamel and large pulp chamber.

c. Thin enamel, secondary dentin and small pulp chamber.

d. Thin enamel, secondary dentin and large pulp chamber.

e. None of the above.

88. Elderly patients suffer from .....

a. Root caries.

b. Periodontal disease with gingival recession.

c. Decrease in teeth sensitivity.

d. All of the above.

e. None of the above.

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89. People with an age .....years and over is considered as elderly.
a. 55.
b. 60.
c. 65.
d. 70.
e. 75.

90. The steps of learning----------
a. unaware, awareness, self-interest, attitude, believe, action
b. attitude, unaware, self-interest, believe, action, awareness,
c. self-interest unaware, awareness, action, believe, attitude
d. attitude, action, unaware, awareness, self-interest, believe
e. attitude, action, awareness, self-interest, believe, unaware

91. ----------means capacity of understanding
a. Comprehension
b. Participation
c. Motivation
d. Reinforcement
e. all of the mentioned

92. The primary motives include----------
a. reward
b. punishment
c. praise
d. all of the mentioned
e. none of the mentioned

93. Laser interaction with biological tissue depends on :-
a. Wave length of the laser system used
b. Pulse duration and energy
c. All these factors
d. Beam spot size
e. Repetition rate

94. Decrease of dental caries by laser could result from:-
a. Reduce permeability and solubility as result of melting
b. Recrystallization
c. Fusion of hydroxyl apatite crystals
d. All these factors
e. Seal the enamel surface by decreasing the interprismatic spaces

95. In preventive dentistry , which type of laser usually used for caries prevention:-
a. CO_2 laser
b. Diode laser
c. ND.YAG laser
d. NH laser
e. Argon laser

96. The advantages of laser in dentistry are: .....
a. The working is precise and selective.
b. The cavity will be sterilized and the number of bacteria will be minimized.
c. One type of wave length will manage all dental tissues.
d. A and B.
e. B and C.

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97. **Plaque adheres and accumulates ..... to implant abutment than normal teeth.**
a. More.
b. Less.
c. Equal.
d. May be more or less.
e. None of the above.

98. **..... should be the first component used in oral hygiene self-care for implant.**
a. Dental floss.
b. Oral irrigators.
c. Brushing.
d. A and B.
e. None of the above.

99. **..... should be used with implants.**
a. Abrasive dentifrice and polishing pastes with a new polishing cup.
b. Abrasive dentifrice and polishing pastes with an old polishing cup.
c. Abrasive dentifrice and polishing pastes with a new polishing cup.
d. Non-abrasive dentifrice and polishing pastes with a new polishing cup.
e. Non-abrasive dentifrice and polishing pastes with an old polishing cup.

100. **----------is the term given to the process of the formation of a direct attachment between an implant and bone without any intervening soft tissue?**
a. Osteoarthritis
b. Osteomigration
c. Osteointegration
d. Osteomyelitis.
e. osteogenesis

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